



EMPLOYER REMITTANCE

State Form 51923 (R / 11-06) / CSB 0013
Approved by State Board of Accounts, 2006
DEPARTMENT OF CHILD SERVICES

Name of employer	FEIN
Telephone number of employer ()	
Date of remittance (month, day, year)	Check number

Change of address for employer

Make checks payable to: *Indiana State Central Collection Unit*

EMPLOYEE NAME	ISETS CASE NUMBER	EMPLOYEE SSN	CAUSE NUMBER	PAYMENT AMOUNT *
			TOTAL AMOUNT	

* This field should be calculated based on the current income withholding order and your payroll cycles.

I.C. 31-16-15-16 requires all employers with more than 50 employees and more than one child support obligor/employee to electronically transfer child support payments. Employers can contact the Employer Maintenance Unit (EMU) for their issues concerning child support payments by phone at (317) 232-0327 or 1-800-292-0403 or by e-mail to EMU@dcs.in.gov.

COMPLETE THIS FORM AND MAIL WITH PAYMENT TO: Indiana State Central Collection Unit, P.O. Box 6219, Indianapolis, IN 46206-6219